

CONTRACT #4
RFS # 318.66-023

**Department of Finance &
Administration**

Bureau of TennCare

VENDOR:
**Tennessee Behavioral Health,
Inc. (Middle & West Grand
Regions)**



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

RECEIVED

OCT 15 2007

FISCAL REVIEW

October 15, 2007

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #2 to The Medstat Group, Inc., RFS 318.65-186. This competitively bid contract was originally awarded to the Department of Finance and Administration, Office of Information Resources, but has since been moved to the Bureau of TennCare for monitoring and oversight. Per language in the Request for Proposal and the original contract, TennCare is exercising the option to extend the term of this competitively awarded contract through November 30, 2009. Due to changes programmatically, there is no longer a need to continue with the entire original scope of services, however, the Fraud and Abuse Detection and Investigation (FADI) services are required and are included in this extension amendment.

Additionally, the three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of Fiscal Year 2008. These amendments reflect an overall maximum liability decrease of \$70 million from the current contract amounts, and align with the projected membership/capitation that will be in force for the contracts.

Mr. Jim White
October 15, 2007
Page 2

Premier Behavioral Health Systems of TN, LLC
Tennessee Behavioral Health, Inc.
Tennessee Behavioral Health, Inc.

FA-01-14662-20
FA-05-16089-10
FA-01-14661-19

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

A handwritten signature in dark ink, appearing to read "Scott Pierce", followed by a long horizontal line extending to the right.

Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #

318.66-023

STATE AGENCY NAME :

Department of Finance and Administration
Bureau of TennCare

SERVICE CAPTION :

Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population

CONTRACT #

FA-01-14661-00

PROPOSED AMENDMENT #

19

CONTRACTOR :

Tennessee Behavioral Health, Inc.

CONTRACT START DATE :

01/01/2001

CURRENT, LATEST POSSIBLE END DATE :

(including ALL options to extend)

06/30/2008

CURRENT MAXIMUM LIABILITY :

\$928,330,122.00

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT :

(including ALL options to extend)

06/30/2008

TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT :

(including ALL options to extend)

\$933,330,122.00

APPROVAL CRITERIA :
(select one)



use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

This amendment to the existing contract will continued with previously established rates that will be in effect for the remainder of the Fiscal Year 2008.

(2) explanation of need for the proposed amendment :

This amendment is needed to provide funding rates and funding mechanism for the remainder of Fiscal Year 2008. This amendment reflects a \$5,000,000.00 increase in maximum liability, however, the net of these amounts associated with the three Behavioral Health Contracts reflects a decrease of \$70M from the current contract amounts, and align with the projected membership/capitation that will be in force for the contracts.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will establish sufficient payment mechanism to ensure that services to recipients will continue without interruption and that language will reflect the most recent rates for FY '08.

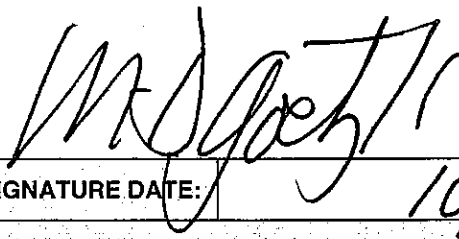
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

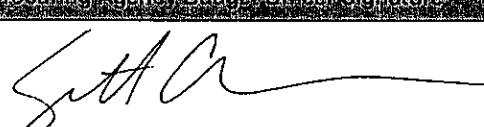
(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:



10/10/07

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023		Contract Number:	FA 01-14661-19	
State Agency:	Department of Finance and Administration		Division:	TennCare	
Contractor:			Contractor Identification Number:		
Tennessee Behavioral Health, Inc.			X	V-	621621636-00
				C-	
Service Description:					
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population					
Contract Begin Date:			Contract End Date:		
1/1/2001			6/30/2008		
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:
318.66	135	134	11	on STARS	
FY:	State Funds:	Federal Funds:	Interdepartmental Funds:	Other Funding:	Total Contract Amount, include ALL amendments:
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00
2007	\$21,680,874.00	\$38,880,226.00			\$60,561,100.00
2008	\$19,967,750.00	\$35,032,250.00			\$55,000,000.00
Total:	\$334,554,087.00	\$598,776,035.00	\$0.00	\$0.00	\$933,330,122.00
CFDA Number:	93.778 Secretary of Health & Human Services		Check the box (below) ONLY if the answer is YES:		
State Fiscal Contact:			Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name: Scott Pierce			X		
Address: 310 Great Circle Road			Is the Contractor a VENDOR? (per OMB A-133)		
Phone: 615-507-6415			Is the Fiscal Year Funding STRICTLY LIMITED?		
Procuring Agency Budget Officer Signature:			Is the Contractor on STARS?		
			Is the Contractor's FORM W-9 ATTACHED?		
			Is the Contractor's Form W-9 Filed with Accounts?		
Funding Certification					
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.					
COMPLETE FOR ALL AMENDMENTS (only)					
Base Contract & Prior Amendments		This Amendment ONLY			
End Date >	6/30/2008	6/30/2008			
FY					
FY	2002	\$71,950,400.00			
FY	2003	\$153,744,565.00			
FY	2004	\$134,510,200.00			
FY	2005	\$112,215,313.00			
FY	2006	\$286,664,044.00			
FY	2007	\$58,684,500.00			
FY	2008	\$60,561,100.00			
FY	2008	\$50,000,000.00	\$5,000,000.00		
Totals		\$928,330,122.00	\$5,000,000.00		

AMENDMENT NUMBER 19

TO PROVIDER RISK CONTRACT #FA-01-14661

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.1. – Maximum Liability and Allocation of Funds to this Contract:

The first two sentences of the first paragraph are amended as follows:

This Contract is subject to appropriation and availability of state and federal funds. In no event shall the maximum liability of the State for the **TennCare Partners Program** in the Middle and West Tennessee Grand Regions exceed Fifty-Five Million Dollars (\$55,000,000.00) for the contract period July 1, 2007 through June 30, 2008.

2. Section 4.7.2 - Payment Methodology

New Tables 7, 8, and 9 shall be added that reads as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 7 shall be applicable from August 1, 2007 through June 30, 2008.

Table 7: Rates - West Region
BHO Rate Ceiling PMPM August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$172.35	\$1.16	\$849.65
14 - 18	\$265.37	\$7.94	\$679.77
19 – 20	\$197.62	\$3.21	\$353.86
21 and over	\$306.49	\$4.87	\$583.39

Table 8: Rates – Enrollment aligned with Statewide TennCare Select High
BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$289.52	\$13.57	N/A
14 – 18	\$299.43	\$39.68	N/A
19 - 20	\$246.93	\$7.43	N/A
21 and over	\$365.17	\$7.24	N/A

Table 9: Standard Rates – Middle Region
Rate Ceiling PMPM: August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$265.54	\$1.61	N/A

14 – 18	\$300.72	\$9.89	N/A
19 – 20	\$248.84	\$5.09	N/A
21 and over	\$327.76	\$6.34	N/A

3. Section 4.7.2.2. shall be amended by deleting the last paragraph and replacing with the following:

Reconciliation will occur ninety (90) days following the end of the first twelve (12) months and again in six (6) month cycles thereafter, until all medical claims for this Contract period are paid. The second reconciliation covers the period from January 2007 through June 2008.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective November 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
President
Tennessee Behavioral Health, Inc.

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee

DATE: August 29, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 8/28/07)

cc
BK

RFS# 318.66-023

Department: Finance & Administration/Bureau of TennCare

Contractor: Tennessee Behavioral Health, Inc. (Middle & West)

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through October 31, 2007.

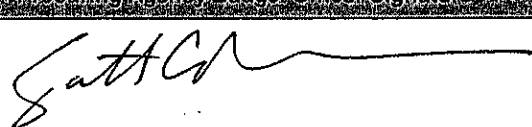
Maximum liability: \$928,330,122

Maximum liability with amendment: \$928,330,122

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number	318.66-023			Contract Number	FA 01-14661-18		
State/Agency	Department of Finance and Administration			Division	TennCare		
Contractor				Contractor Identification Number			
Tennessee Behavioral Health, Inc.				X	V-	621621636-00	
					C-		
Service Description							
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population							
Contract Begin Date				Contract End Date			
1/1/2001				6/30/2008			
Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	135	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Total Contract Amount include All amendments	
2001	\$26,136,000.00	\$45,814,400.00				\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00				\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00				\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00				\$112,215,313.00	
2005	\$101,163,744.00	\$185,500,300.00				\$286,664,044.00	
2006	\$21,009,000.00	\$37,675,500.00				\$58,684,500.00	
2007	\$21,680,874.00	\$38,880,226.00				\$60,561,100.00	
2008	\$18,152,500.00	\$31,847,500.00				\$50,000,000.00	
Total	\$332,738,837.00	\$595,591,285.00	\$0.00	\$0.00		\$928,330,122.00	
CFDA Number	93.778 Secretary of Health & Human Services			Check the box (below) ONLY if the answer is YES			
State Fiscal Contact				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Scott Pierce				X			
Address: 310 Great Circle Road				Is the Contractor a VENDOR? (per OMB A-133)			
Phone: 615-507-6415				Is the Fiscal Year Funding STRICTLY LIMITED?			
Procuring Agency Budget Officer Signature				Is the Contractor on STARS?			
				Is the Contractor's FORM W-9 ATTACHED?			
				Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
Base Contract & Prior Amendments	This Amendment ONLY						
End Date	6/30/2008			6/30/2008			
FY	\$71,950,400.00						
FY 2002	\$153,744,565.00						
FY 2003	\$134,510,200.00						
FY 2004	\$112,215,313.00						
FY 2005	\$286,664,044.00						
FY 2006	\$58,684,500.00						
FY 2007	\$60,561,100.00						
FY 2008	\$50,000,000.00						
Totals	\$928,330,122.00						

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FISCAL REVIEW

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Department of Finance and Administration

FA 01-14681-18

TennCare

Tennessee Behavioral Health, Inc.

X

V-

C-

821621630-00

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

1/1/2001

6/30/2008

318.66

135

134

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on STAR9

2001	\$25,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,800,885.00			\$153,744,685.00
2003	\$48,857,500.00	\$86,862,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,919,984.00			\$112,215,313.00
2005	\$101,193,744.00	\$186,500,300.00			\$286,664,044.00
2006	\$21,008,000.00	\$37,675,500.00			\$58,684,500.00
2007	\$21,680,874.00	\$38,880,228.00			\$60,561,100.00
2008	\$16,182,500.00	\$31,847,500.00			\$50,000,000.00
	\$332,788,837.00	\$595,891,285.00	\$0.00	\$0.00	\$928,330,122.00

83,778 Secretary of Health & Human Services

Scott Pierce

310 Great Circle Road

615-807-6415

X



PURSUANT TO T.C.A., Section 8-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.



XSS

	6/30/2008	6/30/2008
	\$71,950,400.00	
2002	\$153,744,685.00	
2003	\$134,510,200.00	
2004	\$112,215,313.00	
2006	\$286,664,044.00	
2008	\$58,684,500.00	
2007	\$60,561,100.00	
2008	\$50,000,000.00	
	\$928,330,122.00	

AMENDMENT NUMBER 18
TO PROVIDER RISK CONTRACT #FA-01-14661

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

New Tables 5 and 6 shall be added that reads as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Tables 5 & 6 shall be applicable from August 1, 2007 through October 31, 2007.

Table 5: Rates - West Region

BHO Rate Ceiling PMPM August 1, 2007 – October 31, 2007

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$172.35	\$1.16	\$849.65

14 - 18	\$265.37	\$7.94	\$679.77
19 - 20	\$197.62	\$3.21	\$353.86
21 and over	\$306.49	\$4.87	\$583.39

Table 6: Standard Rates – Middle Region

BHO Rate Ceiling PMPM August 1, 2007 – October 31, 2007

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$265.54	\$1.61	N/A
14 - 18	\$300.72	\$9.89	N/A
19 – 20	\$248.84	\$5.09	N/A
21 and over	\$327.76	\$6.34	N/A

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

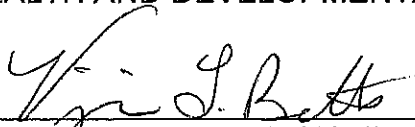


Russell C. Petrella, Ph.D.
President
Tennessee Behavioral Health, Inc.

8-8-07

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

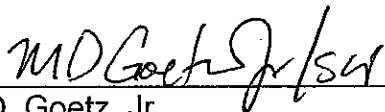


Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

8-10-07

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:



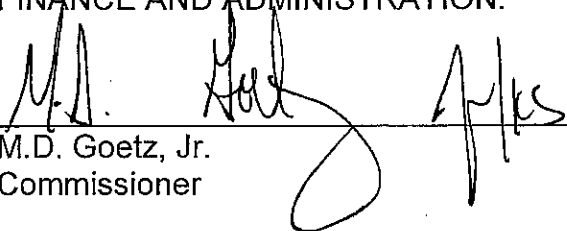
M.D. Goetz, Jr.
Commissioner

8-10-07

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

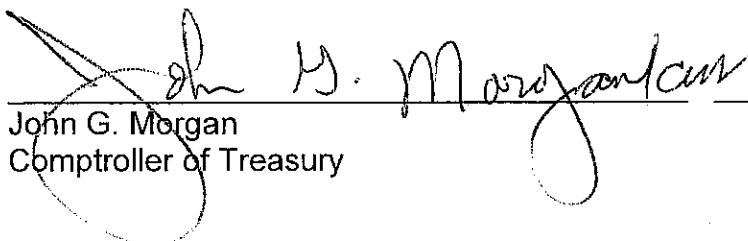


M.D. Goetz, Jr.
Commissioner

8/14/07

DATE

COMPTROLLER OF TREASURY:



John G. Morgan
Comptroller of Treasury

8-15-07

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee *cc BK*

DATE: August 1, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 7/31/07)

RFS# 318.66-023

Department: Finance & Administration/Bureau of TennCare
Contractor: Tennessee Behavioral Health, Inc. (Middle & West)

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through June 30, 2008. The term of the contract, as well as the maximum liability, remains the same.

Maximum liability: \$928,330,122

Maximum liability with amendment: \$928,330,122

After review, the Committee voted to approve the proposed contract amendment, subject to the Bureau's determining the amount of contract savings resulting from reduced reimbursement rates, reducing the maximum liability by that amount, and reporting back to the Committee at its meeting on August 28, 2007, concerning the amount of savings and reduction of maximum liability.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman

Representatives

Curt Cobb	Donna Rowland
Curtis Johnson	David Shepard
Gerald McCormick	Curry Todd
Mary Pruitt	Eddie Yokley
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman

Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

MEMORANDUM

TO: Senator Bill Ketron, Chairman
Members of the Contract Services Subcommittee

FROM: Leni S. Chick, Fiscal Analyst *RSC*

DATE: August 24, 2007

RE: Revised TennCare BHO amendments

We received today the signed versions of the new TennCare BHO amendments. The signed amendments differ significantly from the versions presented to and approved by the Subcommittee on July 31. The amendments as presented to the Subcommittee contained BHO rates effective through June 30, 2008. The signed version makes those rates effective only through October 31, 2007. The rates will be renegotiated prior to November 1, 2007, and presumably may change again.

Scott Pierce, Chief Financial Officer of TennCare, responded to our question about this change by stating that "This extension was more difficult than normal and the only way I could get all parties on board was to limit the rates through October." This statement is contrary to the Bureau's testimony on July 31, in which Mike Cole, legislative liaison for the Bureau, stated, "This is to establish the rates for behavioral health services for the remainder of the fiscal year 2008. We establish that rate each year, and it is brought before this Committee each year. The rate is actuarially established by Aon Actuarial Company under a contract with the Comptroller's office."



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

July 17, 2008

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

RECEIVED
JUL 18 2007
FISCAL REVIEW

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #1 to ACS State Healthcare, LLC, RFS 318.65-216. This competitively bid contract was awarded to ACS to provide a Call Center for TennCare enrollees to address their concerns regarding assistance in receiving necessary medical care, accessing information as specified by TennCare for follow-up, and resolution of medical issues and appeals. The payment methodology in the current contract is based on a per call rate, however, during the course of this contract, it has become apparent that occasional system applications modifications are necessary to accommodate changes to the TennCare State Plan or any waiver amendments. Therefore, TennCare is amending the contract to establish language allowing these modifications and provide funding to support the changes requested.

Additionally, TennCare is submitting amendment #5 to First Health Services Corporation, the competitively awarded contract for TennCare's Pharmacy Claims Processing and Preferred Drug List Development and Management. Per language in the Request for Proposal and eventual awarded contract, TennCare is exercising our option to extend this contract for an additional six months. The payment rates established in the previous referenced RFP have been negotiated and reduced, therefore less funds will be spent on the continuation of services for this six month period of time. No additional funding is required to proceed with this extension of services.

Mr. Jim White
July 17, 2008
Page 2

The three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an independent actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes the actual, agreed upon rates that will be in effect for the remainder of FY '08.

Premier Behavioral Health Systems of TN, LLC	FA-01-14662-19
Tennessee Behavioral Health, Inc.	FA-05-16089-09
Tennessee Behavioral Health, Inc.	FA-01-14661-18

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,



Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

CONTRACT SUMMARY SHEET


RES Number:	318.66-023	Contract Number:	FA 01-14661-18
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2008

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Include ALL amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00	
2007	\$21,680,874.00	\$38,880,226.00			\$60,561,100.00	
2008	\$18,152,500.00	\$31,847,500.00			\$50,000,000.00	
Total	\$332,738,837.00	\$595,591,285.00	\$0.00	\$0.00	\$928,330,122.00	

OFDA Number:	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date:	6/30/2008	6/30/2008
FY:	\$71,950,400.00	
FY: 2002	\$153,744,565.00	
FY: 2003	\$134,510,200.00	
FY: 2004	\$112,215,313.00	
FY: 2005	\$286,664,044.00	
FY: 2006	\$58,684,500.00	
FY: 2007	\$60,561,100.00	
FY: 2008	\$50,000,000.00	
Totals:	\$928,330,122.00	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JUL 18 2007

FISCAL REVIEW

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-023		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14661-00	PROPOSED AMENDMENT #	18
CONTRACTOR :	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2008		
CURRENT MAXIMUM LIABILITY :	\$928,330,122.00		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2008		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$928,330,122.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state		
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

This amendment to the existing contract will establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an outside actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes these new, agreed upon rates that will be in effect for the remainder of FY '08.

(2) explanation of need for the proposed amendment :

Provides funding rates and funding mechanism for the remainder of Fiscal Year 2008. No additional dollars are needed to support the agreed upon rates.

(3) name and address of the proposed contractor's principal owner(s) :

(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :

(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :

(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :


This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that language will reflect the most recent changes as reflected in item (1) above.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)


SIGNATURE DATE: 2/12/08

Leni Chick

From: Alma Chilton [Alma.Chilton@state.tn.us]
Sent: Tuesday, July 24, 2007 3:59 PM
To: Leni Chick
Cc: Scott Pierce
Subject: BHO Amendments
Importance: High

Leni,

I'm forwarding the BHO amendments with rate tables that will carry us forward August 1 through the remainder of the Fiscal Year. Due to the negotiations between three parties, TennCare, Magellan and our actuary, we have yet to have definite rates, but expect that we will within the next couple of days. In good conscience, we do not want to put rates in these amendments that we are not certain will be approved by all parties. We are confident that by the committee day we will be able to provide these rates. The maximum liability that is in the current contracts will not change regardless of the rates. Let me know if you have any questions.

Thanks!

Alma

Alma Chilton
Contract Coordinator
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243
Phone: 615-507-6384
Fax: 615-253-5414
Email: Alma.Chilton@state.tn.us

7/24/2007

JUL 30 2007

AMENDMENT NUMBER 18
TO PROVIDER RISK CONTRACT #FA-01-14661

FISCAL REVIEW**BETWEEN**

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

A new Table 5 shall be added that reads as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 5 shall be applicable from August 1, 2007 through June 30, 2008.

Table 5: Rates

BHO Rate Ceiling PMPM August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 – 13	\$172.35	\$1.16	\$849.65

14 - 18	\$265.37	\$7.94	\$679.77
19 – 20	\$197.62	\$3.21	\$353.86
21 and over	\$306.49	\$4.87	\$583.39

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
President
Tennessee Behavioral Health, Inc.

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman

Representatives

Curt Cobb Donna Rowland
Curtis Johnson David Shepard
Gerald McCormick Curry Todd
Mary Pruitt Eddie Yokley
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Sen. Douglas Henry, Vice-Chairman

Senators

Doug Jackson Reginald Tate
Bill Ketron Jamie Woodson
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee

DATE: May 22, 2007

SUBJECT: Contract Comments
(Contract Services Subcommittee Meeting 5/21/07)

cc
BK

RFS# 318.66-023

Department: Finance & Administration/Bureau of TennCare

**Contractor: Tennessee Behavioral Health, Inc. (Middle & West
Grand Regions)**

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment includes language to be consistent with the National Provider Identification requirements and current policies for Project Teach and school-based providers. The amendment extends the current contract for one additional year, effective through June 30, 2008, and increases the maximum liability by \$50,000,000.

Maximum liability: \$878,330,122

Maximum liability with amendment: \$928,330,122

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner, Bureau of TennCare
Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-17
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contract Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2008

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00	
2007	\$21,680,874.00	\$38,880,226.00			\$60,561,100.00	
2008	\$18,152,500.00	\$31,847,500.00			\$50,000,000.00	
Total	\$332,738,837.00	\$595,591,285.00	\$0.00	\$0.00	\$928,330,122.00	

OFDA Number:	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filled with Accounts?	

Funding Certification		
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2007	6/30/2008
FY	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$112,215,313.00	
FY 2005	\$286,664,044.00	
FY 2006	\$58,684,500.00	
FY 2007	\$60,561,100.00	\$0.00
FY 2008		\$50,000,000.00
Total	\$878,330,122.00	\$50,000,000.00



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

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Speaker Jimmy Naifeh, *ex officio*

Mary Pruitt
Donna Rowland
David Shepard
Curry Todd

Sen. Don McLeary, Vice-Chairman
Senators

Mac Beavers
Jim Bryson
Steve Cohen
Douglas Henry, *ex officio*
Lt. Governor John S. Wilder, *ex officio*

David Fowler
Steve Southerland

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman *cc*

DATE: December 13, 2006

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 12/12/06)

RFS# 318.66-023

Department: Finance & Administration/Bureau of TennCare

Contractor: Tennessee Behavioral Health Systems (Middle & West)

Summary: The vendor provides behavioral health organization services and medically necessary health services to the TennCare/Medicaid population. This amendment provides revisions to reporting requirements, conflict of interest language, and fraud and abuse language. The term of the contract remains the same, effective through June 30, 2007, and the maximum liability remains the same.


Maximum liability: \$878,330,122

Maximum liability with amendment: \$878,330,122


After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner, Bureau of TennCare
Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023		Contract Number:	FA 01-14661-16		
State Agency:	Department of Finance and Administration		Division:	TennCare		
Contractor:			Contractor Identification Number:			
Tennessee Behavioral Health, Inc.			X	V-	621621636-00	
				C-		
Service Description:						
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population						
Contract Begin Date:			Contract End Date:			
1/1/2001			6/30/2007			
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	135	134	11	on STARS		
FY:	State Funds:	Federal Funds:	Interdepartmental Funds:	Other Funding:	Total Contract Amount (Include All Amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00	
2007	\$21,680,874.00	\$38,880,226.00			\$60,561,100.00	
Total:	\$314,586,337.00	\$563,743,785.00	\$0.00	\$0.00	\$878,330,122.00	
CFDA Number:	93.778 Secretary of Health & Human Services		Check the box (below) ONLY if the answer is YES:			
State Fiscal Contact:			Is the Contractor a SUBRECIPIENT? (per OMB A-133)			X
Name: Scott Pierce			Is the Contractor a VENDOR? (per OMB A-133)			
Address: 310 Great Circle Road			Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: 615-507-6415			Is the Contractor on STARS?			
Procuring Agency/Budget Officer Signature:			Is the Contractor's FORM W-9 ATTACHED?			
			Is the Contractor's Form W-9 Filled with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			RECEIVED DEC 29 AM 10:47 OFFICE OF COMPTROLLER'S OFFICE MANAGEMENT SERVICES			
End Date:	Base Contract & Prior Amendments:	This Amendment ONLY:				
6/30/2007						
FY:	\$71,950,400.00					
2002	\$153,744,565.00					
2003	\$134,510,200.00					
2004	\$112,215,313.00					
2005	\$286,664,044.00					
2006	\$58,684,500.00					
2007	\$60,561,100.00	\$0.00				
Totals:	\$878,330,122.00	\$0.00				

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023		Contract Number:	FA 01-14661-15		
State Agency:	Department of Finance and Administration		Division:	TennCare		
Contractor:			Contractor Identification Number			
Tennessee Behavioral Health, Inc.			X	V-	621621636-00	
				C-		
Service Description						
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population						
Contract Begin Date			Contract End Date			
1/1/2001			6/30/2007			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments	
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CFDA Number:	93.778 Secretary of Health & Human Services		Check the box (below) ONLY if the answer is YES:			
State Fiscal Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-133)		X	
Name:	Scott Pierce		Is the Contractor a VENDOR? (per OMB A-133)			
Address:	310 Great Circle Road		Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone:	615-507-6415		Is the Contractor on STARS?			
Procuring Agency Budget Officer Signature			Is the Contractor's FORM W-9 ATTACHED?			
			Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification			
			Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
	Base Contract & Prior Amendments	This Amendment ONLY				
End Date >	6/30/2007					
FY:		\$71,950,400.00				
FY:	2002	\$153,744,565.00				
FY:	2003	\$134,510,200.00				
FY:	2004	\$112,215,313.00				
FY:	2005	\$286,664,044.00				
FY:	2006	\$58,684,500.00				
FY:	2007	\$60,561,100.00	\$0.00			
Totals:	\$878,330,122.00	\$0.00				


CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-14
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:				Contract End Date:			
1/1/2001				6/30/2007			
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:	
318.66	135	134	11	on STARS			
FY:	State Funds:	Federal Funds:	Interdepartmental Funds:	Other Funding:	Total Contract Amount Include ALL amendments:		
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2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00		
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00		
2007	\$21,680,874.00	\$38,880,226.00			\$60,561,100.00		
Total:	\$314,586,337.00	\$563,743,785.00	\$0.00	\$0.00	\$878,330,122.00		

CEDA Number:	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2007	
FY:	\$71,950,400.00	
FY: 2002	\$153,744,565.00	
FY: 2003	\$134,510,200.00	
FY: 2004	\$112,215,313.00	
FY: 2005	\$286,664,044.00	
FY: 2006	\$58,684,500.00	
FY: 2007		\$60,561,100.00
Totals:	\$817,769,022.00	\$60,561,100.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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OFFICE OF
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CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-13
Agency	Department of Finance and Administration	Division	TennCare
Contractor	Contractor Identification Number		
Tennessee Behavioral Health, Inc.	X	V-	621621636-00
		C-	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
2006	\$21,009,000.00	\$37,675,500.00			\$58,684,500.00	
Total	\$292,905,463.00	\$524,863,559.00	\$0.00	\$0.00	\$817,769,022.00	

CFDA Number	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

[Signature]

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	6/30/2006	6/30/2007
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$112,215,313.00	
FY 2005	\$286,664,044.00	
FY 2006	\$68,184,500.00	<\$9,500,000.00>
Totals	\$827,269,022.00	<\$9,500,000.00>

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-12
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636-00			

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2006

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$24,413,500.00	\$43,771,000.00			\$68,184,500.00
Total:	\$296,309,963.00	\$530,959,059.00	\$0.00	\$0.00	\$827,269,022.00

CFDA Number:	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES
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State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filled with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2006	
FY	2001	\$71,950,400.00
FY	2002	\$153,744,565.00
FY	2003	\$134,510,200.00
FY	2004	\$112,215,313.00
FY	2005	\$286,664,044.00
FY	2006	\$286,664,044.00
Totals:	\$1,045,748,566.00	-\$218,479,544.00

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FISCAL REVIEW

CONTRACT SUMMARY SHEET

S Number:	318.66-023	Contract Number:	FA 01-14661-11
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636-00			
Service Description:			

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:				Contract End Date:			
1/1/2001				6/30/2006			
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:	
318.66	131	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments		
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00		
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00		
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00		
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00		
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00		
2006	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00		
Total:	\$373,060,207.00	\$672,688,359.00	\$0.00	\$0.00	\$1,045,748,566.00		

FDA Number:	93.778 Secretary of Health & Human Services	(Check the box (below) ONLY if the answer is YES)	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:		Is the Contractor's SF FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	12/31/2005	6/30/2006
FY	2001	\$71,950,400.00
FY	2002	\$153,744,565.00
FY	2003	\$134,510,200.00
FY	2004	\$112,215,313.00
FY	2005	\$286,664,044.00
FY	2006	\$286,664,044.00
Totals:	\$759,084,522.00	\$286,664,044.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number	318.66-023	Contract Number	FA 01-14661-10
State Agency	Department of Finance and Administration	Division	TennCare
Contractor	Contractor Identification Number		
Tennessee Behavioral Health, Inc.	X	V-	621621636-00
		C-	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Dates

Contract Begin Date: 1/1/2001 Contract End Date: 12/31/2005

Alloctment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
					\$0.00
Total	\$271,896,463.00	\$487,188,059.00	\$0.00	\$0.00	\$759,084,522.00

CFDA Number: 93.778 Secretary of Health & Human Services

State Fiscal Contact: Name: Scott Pierce

Address: 729 Church Street Nashville, TN

Phone: 615-532-1362

Procuring Agency Budget Officer Signature

Check the box (below) ONLY if the answer is YES:

Is the Contractor a SUBRECIPIENT? (per OMB A-133) ☒ X

Is the Contractor a VENDOR? (per OMB A-133) ☐

Is the Fiscal Year Funding STRICTLY LIMITED? ☐

Is the Contractor on STARS? ☐

Is the Contractor's FORM W-9 ATTACHED? ☐

Is the Contractor's Form W-9 Filed with Accounts? ☐

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

Base Contract & Prior Amendments	This Amendment ONLY
End Date: 12/31/2005	
FY 2001 \$71,950,400.00	
FY 2002 \$153,744,565.00	
FY 2003 \$134,510,200.00	
FY 2004 \$112,215,313.00	
FY 2005 \$281,118,092.00	\$5,545,952.00
Totals: \$753,538,570.00	\$5,545,952.00

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Office of Contract Review

CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-09
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> X <input type="checkbox"/> V- <input type="checkbox"/> C-	621621636-00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount includes ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$99,213,603.00	\$184,181,086.00			\$281,118,092.00
					\$0.00
Total:	\$269,946,322.00	\$485,868,845.00	\$0.00	\$0.00	\$753,538,570.00

CFDA Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/> X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone: 615-532-1362	Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2004	12/31/2005
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$112,215,313.00	
FY 2005		\$281,118,092.00
FY		

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-08
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
					\$0.00
Total	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00

GEO Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	



COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date	6/30/2004	
FY	2001	\$71,950,400.00
FY	2002	\$153,744,565.00
FY	2003	\$134,510,200.00
FY	2004	\$112,215,313.00
FY	2005	
FY		

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-07
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date				Contract End Date			
1/1/2001				6/30/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	131	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments		
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00		
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00		
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00		
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00		
					\$0.00		
					\$0.00		
Total	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00		

CFDA Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency/Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	
Funding Certification		
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		

COMPLETE FOR ALL AMENDMENTS (Only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	3/12/2004	6/30/2004
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$84,161,485.00	\$28,053,828.00
FY		
FY		

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COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-06
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621 636-00	

Service Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	3/31/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$29,921,512.00	\$54,239,973.00			\$84,161,485.00	
					\$0.00	
					\$0.00	
Total	\$160,758,882.00	\$283,607,768.00	\$0.00	\$0.00	\$444,366,650.00	

CFDA Number:	Check the box below ONLY if the answer is YES	
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

Dean Daniel 12/9/03

COMPLETE FOR ALL AMENDMENTS (only)		
Base Contract & Prior Amendments	This Amendment ONLY	
End Date:	12/31/2003	3/31/2004
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$56,107,656.00	\$28,053,829.00
FY		
FY		
Totals	\$416,312,821.00	\$28,053,829.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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OF REVENUE
SERVICES

318.66-023		FA 01-14861-05	
Department of Finance and Administration		TennCare	
Tennessee Behavioral Health, Inc.	X	V-	621621836-00
		C-	

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

1/1/2001				12/31/2003			
318.66	131	134	11		on STARS		
2001	\$28,138,000.00	\$46,814,400.00					\$71,950,400.00
2002	\$55,843,870.00	\$97,900,895.00					\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00					\$134,510,200.00
2004	\$19,947,874.00	\$36,159,582.00					\$56,107,656.00
							\$0.00
							\$0.00
	\$150,785,044.00	\$265,527,777.00		\$0.00		\$0.00	\$416,312,821.00

Dean Daniel

729 Church Street Nashville, TN

615-532-1362

Dean Daniel 1/14/04

Pursuant to T.C.A., Section 9-6-113, J. M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2003	
2001	\$71,950,400.00	
2002	\$153,744,565.00	
2003	\$134,510,200.00	
2004	\$56,107,656.00	
	\$416,312,821.00	\$0.00

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA-01-14661-05 04
State/Agency:	Department of Finance and Administration Department of Mental Health and Developmental Disabilities	Division:	Bureau of TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	621621636-00

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date:	Contract End Date:
01/01/2001	12/31/2003

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		
Year	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2001	\$26,136,000.00	\$45,814,400.00			\$ 71,950,400.00	
2002	\$55,843,870.00	\$97,900,895.00			\$ 153,744,565.00	
2003	\$ 48,857,500.00	\$86,852,700.00			\$ 134,510,200.00	
2004	\$19,947,674	\$36,159,887			\$56,107,656	
Total	\$150,785,044	\$285,527,777			\$416,312,821.00	

CEBA#	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contact	Is the Contractor a SUPPLIER?
Name: Dear Daniel	Is the Contractor a VENDOR?
Address: 729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?
City: Nashville, TN	Is the Contractor on STARS?
Phone: (615) 532-1362	Is the Contractor's FORM VS-3 ATTACHED?

Procuring Agency/Budget Officer Approval Signature	Is the Contractor's Form VS-3 Filed with Accounting?
Dean Daniel	

COMPLETE FOR ALL AMENDMENTS ONLY		
END DATE	Base Contract's Prior Amendments	This Amendment ONLY
	06/30/2003	12/31/2003
FY: 2001	\$71,950,400.00	
FY: 2002	\$153,744,565.00	
FY: 2003	\$ 134,510,200.00	
FY: 2004		\$56,107,656
FY:		
Total:	\$360,205,165.00	

Pursuant to T.C.A., Section 9-8-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number: 318.66-023		Contract Number: FA-01-14661-03	
State Agency: Department of Finance and Administration Department of Mental Health and Developmental Disabilities		Division: Bureau of TennCare	
Contractor: Tennessee Behavioral Health, Inc.		Contractor Identification Number: 621621636-00	
		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description: Behavioral Health Organization Services/Medically Necessary Behavioral Services to theTennCare/Medicaid Population			
Contract Begin Date: 01/01/2001		Contract End Date: 06/30/2003	
Allotment Code: 318.66	Cost Center: 131	Object Code: 134	Fund: 11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2001	\$26,136,000.00	\$45,814,400.00	
2002	\$55,843,870.00	\$97,900,695.00	
2003	\$ 48,857,500.00	\$85,652,700.00	
Total:		\$130,837,370.00	\$229,367,795.00
CFDA # 93.778		Check the box ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel		Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN (615) 532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel		Is the Contractors Form W-9 Filed with Accounts?	
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COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Office of Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE → 06/30/2003			
FY: 2001	\$71,950,400.00		
FY: 2002	\$153,744,565.00		
FY: 2003	\$ 107,297,100.00		
FY:			
FY:			
Total:	\$332,992,065.00	\$27,213,100	

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CONTRACT SUMMARY SHEET

Contract Number	318.66-023	Contract Number	FA-01-14661-02
Agency	Department of Finance and Administration and the Department of Mental Health and Developmental Disabilities	Division	Bureau of TennCare
Contractor	Tennessee Behavioral Health, Inc.	Contract Identification Number	621621636-00
		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description
Behavioral Health Organization Services / Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	1/1/01	Contract End Date	6/30/03
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Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2001	\$ 26,136,000.00	\$ 45,814,400.00			\$ 71,950,400.00	
2002	\$ 55,843,870.00	\$ 97,900,695.00			\$ 153,744,565.00	
2003	\$ 38,248,200.00	\$ 69,048,900.00			\$ 107,297,100.00	
Total	\$ 120,228,070.00	\$ 212,763,995.00			\$ 332,992,065.00	

CFDA#	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-130)
Name: Dean Daniel 729 Church Street Nashville, TN (615)532-1362	Is the Contractor a Vendor? (per OMB A-130)
	Is the Fiscal Year Funding STRICTLY LIMITED?

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
Dean Daniel <i>Dean Daniel</i> 7/1/02	Is the Contractor's FORM 9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	6/30/03	6/30/03
FY: 01	\$71,950,400.00	\$0.00
FY: 02	\$153,744,565.00	\$0.00
FY: 03	\$153,744,565.00	-\$46,447,465.00
Total	\$379,439,530.00	-\$46,447,465.00

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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C O N T R A C T S U M M A R Y S H E E T

Contract Number	FA-01-14661 -01	State Agency	Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
FS Number	318.66-023	Division	318.66

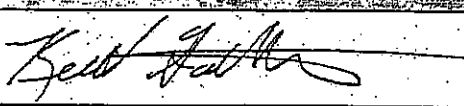
Contractor Tennessee Behavioral Health, Inc.	<input checked="" type="checkbox"/> V <input type="checkbox"/> C	Vendor ID Number 621621636-00
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Service Description Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population
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Contract Begin Date January 1, 2001	Contract End Date June 30, 2003
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Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$45,814,400			\$71,950,400
2002	\$55,843,870	\$97,900,695			\$153,744,565
2003	\$55,843,870	\$97,900,695			\$153,744,565
Total	\$137,823,740	\$241,615,790			\$379,439,530

<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name: Dean Daniel Address: 729 Church Street, Nashville TN 37247-6501 Phone: (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input checked="" type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	December 31, 2001	June 30, 2003
FY 2001	\$71,950,400	\$0
FY 2002	\$71,950,400	\$81,794,165
FY 2003		\$153,744,565
FY		
FY		
Total	\$143,900,800	\$235,538,730

Funding Certification Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>2001 AUG 13 PM 2:15</p> </div> <div style="text-align: center;"> <p>COMPTROLLER'S OFFICE OFFICE OF MANAGEMENT SERVICES</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>OCR Use Only</p> <p>RECEIVED</p> <p>JUL 27 2001</p> <p>Office of Contracts Review</p> </div>

CONTRACT SUMMARY SHEET

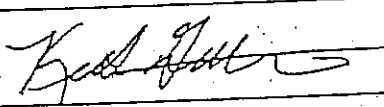
Contract Number	FA-01-14661-00	State Agency	Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
RFS Number	318.66-023	Division	318.66
Contractor		Vendor ID Number	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> V— <input type="checkbox"/> C—	621621636-00

Service Description

Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date				Contract End Date			
January 1, 2001				December 31, 2001			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	139	134	11	<input type="checkbox"/> on STARS			

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$45,814,400			\$71,950,400
2002	\$26,136,000	\$45,814,400			\$71,950,400
					\$143,900,800
Total	\$52,272,000	\$91,628,800			

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name	Dean Daniel
<input type="checkbox"/>		Address	729 Church Street, Nashville TN 37247-6501
<input type="checkbox"/>		Phone	(615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY		
FY		
FY		
FY		
FY		
Total		

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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